HRSA Ryan White HIV/AIDS Program
CENTER FOR QUALITY IMPROVEMENT & INNOVATION

Institute for Healthcare Improvement

Telehealth to Improve ART Adherence Implementation Guide

June 2022

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A. What is Telehealth to Increase ART Adherence?

Telehealth is defined as the use of electronic information and telecommunication technologies to support and promote long-distance or virtual clinical health care, patient and professional health-related education, public health, and health administration.[1]

There is emerging evidence that telehealth with patients can help address several barriers to care, improve health outcomes, and can help improve ART adherence. There is also evidence to recommend the addition of tele-mental health for patients with mental health issues.

B. Target Population

This intervention can be targeted to any person with HIV who has difficulty traveling to a Ryan White HIV/AIDS Program (RWHAP) clinic and/or who, for other reasons, is not comfortable going to a clinic. This includes:

- Patients in rural areas where the nearest clinic may be hours away
- Patients with mental health issues who may benefit from more frequent check-ins
- Patients with mobility issues
- Patients who lack transportation to the clinic

C. Core Elements of the Intervention

In terms of telehealth to improve ART adherence, there are several modalities that appear to be effective.

Telehealth Between a Primary Care Provider and a Patient

- Discuss medication and ART adherence.
- Discuss other health concerns.

Tele-Mental Health Between a Therapist and a Patient

- Provision of counseling and/or therapy.
- Address barriers to ART adherence.

Telehealth Between a Case Manager/Outreach Worker (or Similar) and a Patient

- Develop, assess, and refine strategies related to ART adherence.
- Plan and follow-up on other nonclinical aspects of their care.

Telehealth Between a Primary Care Provider and an HIV (or Other) Specialist

[1] Health Resources and Services Administration (HRSA). 2019. "Telehealth Programs. www.hrsa.gov/rural-health/telehealth/index.html. Accessed August 26, 2020.

- Rapid consults and expert advice.

Specific Steps

The **American Medical Association (AMA)** outlines 12 steps/core elements in developing an effective telehealth practice in its comprehensive ***Telehealth Implementation Playbook***. CQII has adapted these steps for a RWHAP-funded clinic environment.

1. Identifying Need

- Determining which patient needs can be addressed or partially addressed using telehealth and related virtual services.
- Determining which clinic needs (pain points and/or opportunities) can be addressed or partially addressed using telehealth and related virtual services.
- Determine the modalities of telehealth that are a good fit for your clinic. This is done by:
    - Examining the needs of patients and clinic staff.
    - Understanding the laws, policies, and reimbursements rates in your jurisdiction (not all modalities may be viable in all jurisdictions).
- Potential modalities include:
    - Telehealth between a primary care provider and a patient:
    - Tele-mental health between a therapist and a patient
    - Telehealth between a case manager/outreach worker (or similar) and a patient
    - Telehealth between a primary care provider and an HIV (or other) specialist
- Deciding which of the modalities above would be a good fit for the clinic (clinic may start with one modality and then expand to others over time).
- Identify potential legal, regulatory, and/or financial constraints that will need to be addressed.
- Begin to establish a budget (set-up and ongoing) along with source(s) for covering these costs.

2. Forming the Team

- Form a team to develop the selected modality/modalities.
    - Team should always include an executive sponsor.
    - Team should always include those who will actually be providing the telehealth services (e.g., if the modality for case manager telehealth is selected, case managers should be part of the team).
    - Team should include patients who can bring their expertise to developing a telehealth program that meets patient needs.
    - Team should always include people who understand the following:
        - Local, state, and federal privacy/confidentiality laws
        - Payment structure, reimbursement requirements, and policies for the provision of telehealth

    - Information technology (including the clinic's existing systems and who can evaluate and provide guidance on the technical aspects of the work
- Elements for ensuring the team is set up for success:
    - Dedicated time for working on the team (often includes freeing up time)
    - Regularly scheduled meetings
    - Ongoing communications between meetings
    - Realistic timeline
    - Adequate budget
    - Work plan/implementation plan that can be refined and adapted as the team learns more
    - Virtual space for the team to collaborate

3. Defining Success

- Defining what success looks like in the nearer term and long-term using SMART goals for the telehealth service, including:
    - Patient satisfaction
    - Staff satisfaction
    - Improved ART adherence
    - Improved viral suppression rates
    - Viable from a workflow standpoint
    - Viable from a financial standpoint
- Re-grounding yourself in the financial, legal, and operational limitations your stakeholders have identified, especially reimbursement and licensure limitations, privacy considerations, etc.
- Developing a plan to assess the effectiveness of your implementation plan/work plan.
- Developing a plan to measure and improve over time (see Section J. Data Collection and Reporting).

4. Evaluating the Vendor

- Developing detailed specifications for the telehealth system.
    - Meets local, state, and federal confidentiality and privacy laws and guidelines.
    - Works well with existing systems (including electronic medical record or similar).
    - Meets requirements for reimbursement.
    - Experience successfully working with other RWHAP-funded clinics.
- Use the detailed specifications to develop a request for proposals (RFP) that vendors can respond to.
- Research potential vendors.
    - Start with your own network and other clinics who have implemented telehealth.
    - Send RFP to potential vendors that appear to meet your detailed specifications.
- Interviewing vendors.

    - Request live demos of the vendor's product(s).
    - Request case studies of similar implementations.
    - Request references from similar implementations.
- Analyzing potential vendors.
    - Based on the extent to which they meet the detailed specifications.
    - Six critical factors:
        - Business viability
        - Information technology
        - Security
        - Usability (provider and patient)
        - Customer service
        - Clinical validation
- Selecting vendor.
    - Narrow your selection to 2-3 potential vendors.
    - Includes any approvals needed from funders, etc.

5. Making the Case and Securing Approvals

- Clearly define the resources needed to implement telehealth at your clinic.
    - Funding
    - Approvals needed
    - Staff
    - Other
- Ensure full understanding of the contracting, coding, and payment for the telehealth services your clinic will provide.
- Ensure proper malpractice insurance.
- Finalize the budget (including financing), the value add (over time), and the return on investment (considering the costs and the value add).

6. Contracting

- Secure all the approvals needed (identified during the step above).
- Negotiate and agree upon terms with the vendor.
- Develop and agree upon an implementation work plan (what your vendor will do and what your clinic will do), including timeline and scale-up.
- Work with your team to get the contract signed.

7. Designing the Workflow

- Engage clinic staff who will be providing telehealth services (or supporting it) to obtain their feedback on the design and workflow and determine what initial and ongoing support they will need to provide effective telehealth.
    - Work to understand how clinic staff plan to use telehealth to:

    - Improve ART adherence
    - Meet the physical and/or behavioral health needs of their patients
- Engage patients to understand their needs, barriers to using telehealth, and to obtain their feedback on the design.
- Update the clinic's existing workflow as needed to support telehealth services.
    - Include guidance on recommended length of telehealth sessions based on the modality/service provided (and incorporating eligibility for billing/reimbursement considerations).
- Update policies, procedures, and forms as necessary to ensure that they align with telehealth services.
    - Pay special attention to scheduling appointments, consent, and staff and patient assistance on using the selected telehealth platform and billing.
- Verify that the telehealth plan will be fully compliant with all applicable laws and regulations, including privacy standards and fraud prevention.
- Develop explicit protocols and policies for when a telehealth visit is appropriate and when an office visit is needed. Provide ongoing training to staff on these policies and protocols.
- Work with the platform vendor and clinic staff to best integrate telehealth into electronic medical records and billing systems.
- Develop a plan for routine and emergency technical support.

8. Preparing the Care Team (see Section G: Staff Training)

9. Partnering with the Patient

- As part of the planning, engage patients to better understand their needs and barriers to effectively accessing telehealth services.
- Develop materials (detailed step-by-step instructions on preparing for their visits and using the telehealth platform's functionality, FAQs, and/or videos) to help ensure that patients have the support they need to access telehealth. Materials should be translated into the languages spoken by the patient population.
- Develop and share with patients any eligibility criteria for participating in telehealth, including the services that can be provided using telehealth and the services that require in-person visits.
- Develop and implement a plan for routine and emergency support for patients using telehealth services.

10. Implementing (See Section I: Implementation)

11. Evaluating Success

- Determine what success looks like at three months post launch, six months post launch, and one year post launch.
- Develop and implement a plan to assess the effectiveness of telehealth services from both the perspective of patients, staff providing telehealth services, and staff involved in

billing, tech support, etc. (See Section J: Data Collection and Reporting).

D. Adaptable Elements of the Intervention

This is not yet an evidence-based intervention, but the 12 core elements in the AMA's *Telehealth Implementation Playbook* are considered best practices. Within these core elements there are numerous opportunities for clinics to customize their implementation based on their needs and preferences. CQII recommends trying to implement the core elements as outlined in this implementation plan, while noting any adaptions you make and then using continuous quality improvement methods to improve the use of telehealth services over time.
Should you see improved results from one or more adaptations, CQII would be interested in hearing about the adaptations made and the results achieved (see section on contact information in this guide).

E. Length of Time the Intervention is Delivered to Each Patient

The length of time for each telehealth session will vary based upon the patient need, type of service, and practical considerations (such as clinic workflow and billing requirements). The clinic should develop specific guidelines based on the type of telehealth service provided.

F. Staffing Requirements/Roles and Responsibilities

A successful telehealth program at the clinic will involve a variety of roles including:

- High-level champion at the clinic to secure the buy-in and approvals needed
- High-level person(s) to help understand and apply all applicable laws and regulations
- Project manager to manage all the elements of planning for and implementing telehealth services
- IT staff to help select a telehealth vendor, integrate the telehealth platform into the existing technology ecosystem, and provide ongoing support, including working with the selected telehealth vendor
- Clinic staff to provide telehealth services (doctors, nurses, social workers, etc.)
- Clinic staff responsible for scheduling and billing

G. Staff Training

Effective telehealth services require initial and ongoing staff training and support, including:

- Understanding and effectively using all available training offered by the vendor of the telehealth platform
- Training staff on how to use telehealth to improve ART adherence and meet the physical and behavioral health needs of patients
- Develop written and video-based training materials, including scripts, guides, FAQs, and troubleshooting
- Training on modified workflow, policies, protocols, and procedures
- Providing training and technical assistance to patients who are new to using the telehealth platform and/or are having issues using the telehealth platform

- Numerous and ongoing opportunities for staff who will be providing telehealth services to practice using the platform (with other staff) prior to using it with clients/patients
- Process for onboarding new staff
- Process for training staff on new functionality (of the telehealth platform) and changes to workflow, policies, protocols, and procedures (post-launch)

H. Resources Required for Implementing the Intervention

In addition to the human resources previously discussed, implementing an effective telehealth program will require:

- A telehealth platform that meets all the clinic's requirements and applies to all applicable laws (privacy and otherwise)
- Financial resources to modify electronic medical records, billing, and other systems within the clinic.

I. Implementation

Unlike many interventions that can be implemented in stages by testing and refining one or more pieces of the intervention at a time, providing telehealth services requires months of planning before the full launch and the launch will need to include all of the core elements noted in Section C. Once up and running, clinics should first have clinic staff test all components of the system thoroughly before engaging in telehealth visits with clients. This can include practice sessions where each clinic staff that will be providing telehealth conducts several tests sessions with other clinic staff in the role of patient.

The Institute of Healthcare Improvement provides the following additional guidance in developing and implementing a telehealth program.

Design and Implementation

- Engage patient safety officers (or similar) who can help incorporate quality and safety considerations into plans for design, implementation, and operation of telemedicine systems.
- Work with clinicians to clearly define what conditions/situations can be safely managed virtually and which require an in-person visit.
- Institute central governance over telemedicine so that one person or team (instead of multiple separate service lines) can help ensure consistency and the involvement of the quality department.
- Walk through where things could go wrong and potential unintended consequences during design and set up.
- Standardize the tech platform to support all telemedicine services within a health system. Use a checklist that includes quality and safety considerations when making purchasing decisions. Integrate clinical workflows into the platform.

Clinician Support

- Use a systematic approach to developing protocols for virtual care. Reduce variation between specialties and service lines by training providers to provide a standardized, high-quality care experience for patients.

- Determine standards for which symptoms and conditions can be managed virtually. Use these standards to triage patients who request a virtual visit.
- Give clinicians real-time access to patient data.
- Be aware of regulations around scope of practice because limitations regarding what different healthcare disciplines are allowed to do vary by state.
- When relying on remote consultations for inpatient care, mandate that another clinician should be at the patient's bedside to assist during the session.

Patient Engagement

- Ensure representation of the patient perspective by involving them in the co-design of your telehealth services.
- Encourage patients to invite a friend or family member to join telehealth visits to help take notes or remember what was discussed.
- Provide patients with a checklist to prepare for the appointment.
- Issue a standard quality, safety, and patient satisfaction survey post-visit.

J. Data Collection and Reporting

CQII recommends that clinics continually assess the effectiveness of telehealth services by developing systems to collect and analyze the following data.

Process Measures

- % of patients offered telehealth services and supports
- % of patients offered telehealth services and supports that participate in telehealth
- % of clinic staff that agree or strongly agree to the statement "Telehealth improves health outcomes for our clinic's patients"
- % of clinic staff that agree or strongly agree with the statement "Telehealth services have been effectively integrated into the clinic's workflow in a sustainable way"
- % of patients participating in telehealth that agree to the statement "Telehealth has helped to improve my health"

Outcome Measures

- % of patients participating in telehealth that have not yet achieved viral suppression that demonstrated improved viral suppression rates within 6 months
- % of patients participating in telehealth that achieve viral suppression (percentage of patients with a HIV viral load less than 200 copies/ml at last viral load test during the measurement year)

K. Implementation in Action: Palm Beach County Part A/MAI and Ending the HIV Epidemic Program

Due to the COVID-19 pandemic, many people associate the term "telehealth" with virtual medical appointments. However, there are other health-related interventions that utilize phones and virtual communication. Prior to COVID, in 2019, Dr. Daisy Wiebe, Quality Management Clinician for the Palm Beach County Part A/MAI and Ending the HIV Epidemic Programs, was researching possible evidence-based interventions to support adherence to antiretroviral treatment (ART). A 2018 needs assessment that surveyed 357 clients indicated

that the main reason clients missed taking their medication was that they forgot to do it (86% of respondents).

Through a literature review Dr. Wiebe identified a mobile health (mHealth) platform called PositiveLinks. Developed at the University of Virginia Ryan White Clinic for individuals with a chronic condition, the PositiveLinks app has been associated with significant increases in engagement in HIV care and viral load suppression rates. Disseminated under the name PL Cares®, the client-facing smartphone app sends daily medication reminders to users as well as mood and stress check-ins, and has a private, anonymous community board for the exchange of social support.

At the same time, the program was drafting their Ending the HIV Epidemic proposal and included the intervention. Once funds were secured, the program began working with the vendor, Warm Health Technology, Inc., to implement PL Cares®. The vendor was very supportive in helping to customize the app, and providing its Spanish-language adaptation called ConexionesPositivas.

The Palm Beach County Part A/MAI Program is overseeing the intervention, which is one of the few direct services it provides. The PL Cares® implementation is overseen by a tele-adherence counselor who works with subrecipients to identify clients who have not achieved viral suppression and could benefit from the intervention. The tele-adherence counselor enrolls participants, keeps in contact with them, tracks daily check-ins , provides adherence counseling, encourages engagement in the app using different strategies such as weekly quizzes and motivational messages, and curates a database of useful resources.

To ensure access to the intervention, smartphones are provided for clients that do not have them. Clients are also provided up to $60 per month to help cover the cost of cellular service if they meet a minimum participation threshold for the daily check-ins. Securing phones for clients presented some challenges. The jurisdiction's bureaucracy slowed down the process of purchasing the phones and providing the monthly funds to patients. Restrictions on the number of phones that can be purchased at one time (to reduce the risk of illegal use) and the requirement that they be picked up in person required additional effort on the part of staff.

Since the Palm Beach County PL Cares® intervention is dependent on sub-recipients referring clients who have not achieved viral suppression, the Part A/MAI Program conducted demonstrations of the app during in-person and virtual meetings in order to increase referrals. The one-on-one meetings allowed staff to answer questions, and subrecipient staff seemed to be more comfortable referring clients once they knew what the PL Cares® app offers. A warm hand-off from case managers has proven to be important for clients taking part in the intervention. Given staff turnover at sub-recipient sites, this outreach will need to be conducted on a regular basis.

Two "champions" were recruited to support user activity on the community board—no one wants to be on a message board with only a few other participants. These champions are

volunteers with lived experience and have been very active in the HIV community. While anonymity is required on the community board, Palm Beach PL Cares® users have reached out to one another in various ways such as advertising community events they plan to attend.

In the initial roll-out of the intervention, Palm Beach County enrolled 27 clients, who will be tracked at 3-month intervals for viral load suppression. The tele-adherence counselor tracks clients through the online data dashboard. The client database is now being used to identify clients that could benefit from the intervention instead of only relying on passive referral. While case managers will remain an important referral source, they also have competing priorities (e.g., open enrollment for health insurance), so having multiple ways to reach out to clients will hopefully recruit more participants. Palm Beach County is committed to helping clients achieve viral load suppression to End the HIV Epidemic and strives to make its implementation of PL Cares® a success through increased enrollment to actualize outcomes of durable viral load suppression.

Contact for More Information

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For information on PL Cares®, visit www.wht.care

Implementation Staff

The following staff members participated in implementing this intervention.
Sean Conklin, Ending the HIV Epidemic (EHE) Program Evaluator Palm Beach County (PBC)
Daisy Wiebe, Ryan White Part A/MAI & EHE Quality Management Clinician PBC
Carline Blanc, Tele-adherence Counselor for EHE PBC
Ava Lena Waldman, MHS/CCRP Project Manager, University of Virginia; consultant for Warm Health Technology, Inc
Helen Boyd, President & COO of Warm Health Technology, Inc.

L. Assessing Fidelity to the Intervention

As mentioned previously, the core elements of this intervention have not yet been sufficiently tested to ensure that fidelity to them will result in better viral suppression rates for the target population. The core elements detailed in the AMA's *Telehealth Implementation Playbook* are considered to be best practices.

To help understand the extent to which your clinic has implemented telehealth as outlined in the Core Elements section of this Implementation Guide, CQII recommends completing the checklists in the AMA's *Telehealth Implementation Playbook*, located in the appendix.

M. Suggestions for Improving Effectiveness

As you begin implementing telehealth at your clinic, it is likely beneficial to conduct brief surveys of patients and staff to assess their satisfaction and identify areas for improvement. Monthly surveys (taking five minutes or less to complete) for the first six months of implementation and then quarterly or semiannual surveys thereafter (these questions could be embedded into a larger survey) can help ensure that staff and patients are seeing value in telehealth services.

As you identify an area for an improvement and a change idea you think might result in improvement, unless you have a high degree of belief that the change idea will result in improvement, CQII recommends that you test the change idea at the smallest increment possible. This could be testing the change idea for one telehealth session or having one member of the clinic's staff test the idea for one day. As you develop evidence these small tests of change appear to be working (with or without modifications) you can scale them up over time to be a formal part of the clinic's telehealth services.

N. Tips and Tricks

- The Lallie Kemp Medical Center in Independence, Louisiana has found that providing patients with a mental health issue with a referral for psychiatry telehealth appointments the same day as their HIV clinic appointments is an effective and efficient way to refer patients to mental health telehealth services
- Telehealth is not a one-size-fits-all intervention, and it is helpful to design the clinic's program with providers, front-line staff, and patients to make sure it meets their needs
- Consider adding an "equity lens" when developing a telehealth program to identify who might be left out or have barriers to accessing telehealth and developing strategies to remove or mitigate these barriers
- Developing an effective telehealth program takes time, testing, and refining before going to scale, using continuous quality improvement methods

In addition to the American Medical Association's comprehensive *Telehealth Implementation Playbook*, there are numerous other helpful guides, including:

- HRSA's **Guide to Expanding HIV Care Through Telehealth**
- **U.S. Department of Health and Human Services website on Telehealth**
- Institute for Healthcare Improvement's **Recommendations for Designing High Quality Telehealth**
- Institute for Healthcare Improvement's **Virtual Learning Hour Special Series: Telemedicine: COVID-19 and Beyond**
- American Psychiatric Association and American Telemedicine's **Best Practices in Telemental Health**
- Rural Health Information Hub's **Telehealth and Use of Technology to Improve Access to Care for People with HIV/AIDS**
- AHRQ's **Sample Telehealth Consent Form**

O. Contact information

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Q. Appendices

I. The American Medical Association's Telehealth Implementation Playbook
II. Telehealth Interview

Appendix II.

Palm Beach County (Part A EMA)
Telehealth to increase ART (mental health)
Dr. Daisy Wiebe
561-355-4760

What motivated your organization to pick this intervention? Who was involved in the decision (i.e., were patients involved) ?

Multiple considerations. In 2019, wanted an intervention that would support patients in achieving viral suppression. A 2018 needs assessment (300 patient responses) identified a variety of barriers that might be addressed by telehealth. There was one question that asked if they had trouble taking meds. The most frequent answer was that they forgot. Telehealth could be used to engage and remind patients.

Palm Beach County (PBC) were also writing EHE proposal at the same time so knew that resources would probably be available for a new intervention. Included telehealth activities in the proposal

This was pre-COVID, so the appeal of the intervention went beyond having a way to be in touch with patients outside of face-to-face visits.

As a Part A recipient, PBC does not provide direct patient services. Looked for an intervention that it could administer but could be rolled out at the clinic level.

The selected intervention empowers patients. Those that did not have a phone now have a life line to speak to their doctor or pharmacist, apply online for services, and use the resource list in the app.

What were your steps to implement it? Did you follow the steps in the guide or were there modifications from the beginning, or at some point?

Conducted a literature search for evidence-based interventions. Identified an article about Positive Links, a phone-based app to help people with HIV manage their health. The app provides daily reminders to users, has mood check ins, and a bulletin board, where users can share with other users.

Brought article to program's manager and suggested implement.

Were in the process writing EHE proposal and needed to address people who were not virally suppressed. Put it in EHE grant.

Engaged with vendor, PL Cares. As a local government entity, contracting with the vendor required approval of the county government. Started talking to PL Cares. Reached out to Warm health technology. It took us a while to get the approval of county government (in FL Part As are not in Dept of Health). Had to get the contract approved.

Hired a tele-adherence counselor. May need to hire an additional one if this is scaled up. Adherence counselor has dashboard that provides access to data to see how patients are responding.

Given that the targeted patient population is not virally suppressed, it was acknowledged that they probably have multiple challenges going on in their lives and this might mean they did not have a smart phone. The program will provide a smart phone to participants. It will also provide $55 toward participants' monthly phone bill. This reduces barriers for those who cannot afford a phone/monthly service and is an incentive for those that do have a phone.

While the program is focused on patients that have not achieved viral suppression, PB is also asking subrecipients to recommend clients that could benefit from this support, especially patients who have been out of care or new patients.

PBC is administering the program itself. It has been implemented at Part A level – not at clinic level. Clinics refer patients.

Patients enrolled: about 20 (bureaucratic delays).
Now using database to identify potential clients
Subrecipients are looking for new ways to support viral suppression

Will track patients for viral suppression over 6, 9, 12 months

Working with an organization to purchase the phones initially. Now the Part A will be able to do it. Purchasing phones required many work arounds.

Recruited influencers/thought leaders. No one wants to be the first on an app. Or be on an app where no one else is participating. PBC recruited two people with HIV who would be on the app and engage on the bulletin board. This helped to create a sense of community very early. While the numbers are still small, they seem to have developed a sense of community. People will post about challenges, such as a friend being in the hospital, and there will be messages of support from the other users.

Despite the app being committed to anonymity, users have found a way to connect in real life and build a community For example, users may mention a Meet Up event they will be at.

What barriers did you experience?

PBC acknowledges this would be easier to implement at clinic level. They are one step removed from patients so must rely on case managers to identify and enroll patients. While they have access to the data and who might benefit, there still needs to be a warm hand off from case manager. If they don't have a case manager it is still harder. They must rely on their partners.

Many competing priorities for case managers' time. When the project was initially rolled out it was during open enrollment for health insurance. Case managers were focused on this. There are always competing priorities for the limited time case managers have with patients. For newly diagnosed, the patients are processing so much information and may not be receptive to, or follow up with, an app.

Turnover of case managers means that there is ongoing need for training.

Purchasing phones/service plans is a challenge due to restrictions to prevent criminal activity. It requires many work arounds. PBC is working with an organization to purchase the phones but this is still very complicated, as is providing the monthly support. Currently the this adherence counselor is handling this but as the number of patients increases more staff support will be necessary.

What facilitated the process?

The vendor provided a lot of support and even customized the platform, adding Spanish and Creole to the Message Board

PBC did outreach to the clinics. While they had a video and a brochure, they found that conducting one-on-one sessions with each clinic was more beneficial. They also (via virtual training) to walked clinic staff through the app. Once staff knew what the app offered they were more receptive to refer their clients. These one-on-one sessions also allowed clinic staff to ask question.

Did demos with all of clinic sites (had video and brochure). Had a demo phone that could be used in virtual meetings with sites. Once they saw it they were more comfortable referring the clients

Has this intervention been thoroughly integrated into your organization? Were there modifications to your original plans?

PBC is committed to sustaining the intervention. Of initial patients, most have joined too recently to have had lab results (to demonstrate reduction in viral load)
They are engaged, checking in
Say they are taking their meds
Participating on message board.

Used data to generate a new list and there are over 200 clients that we would like to enroll eventually

What resources were necessary? Staff, other?

Phones, staff time, PL care platform, tele adherence counselor
Time for outreach to sites
Time to manage purchase of phones/service plans

What recommendations do you have for other organizations wanting to implement this intervention?

Make sure that the intervention addresses a need. If the need is to help patients remember to take their meds, can the intervention address this? Is there a better approach?

If using this model (intervention is at the administrative level), get buy in from clinic sites early. This ensures they are invested and also provides an opportunity for their input on implementation.